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Bib Data Sheet

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APPLICANTS

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** CONTINUING DATA *****

NONE FHM

** FOREIGN APPLICATIONS *****

NONE FHM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Akerman Senterfitt
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TITLE

Doubly constrained robust capon beamformer

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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